PTO/SB/22 (12-04) Approved for use through 7/31/2006, OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE work Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number. **Docket Number (Optional)** FITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) CCI-027CN **FY 2005** (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) 10/671747-Conf. #9353 Filed September 26, 2003 Application Number INHIBITORS OF CYCLIN DEPENDENT KINASES AS ANTI-CANCER AGENT For Art Unit D. R. Rao 1624 Examiner This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): <u>Fee</u> **Small Entity Fee** One month (37 CFR 1.17(a)(1)) \$120 \$60 \$ Two months (37 CFR 1.17(a)(2)) \$450 \$225 Three months (37 CFR 1.17(a)(3)) \$1020 \$ \$510 510.00 Four months (37 CFR 1.17(a)(4)) \$1590 \$795 Five months (37 CFR 1.17(a)(5)) \$2160 \$1080 \$ Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-0080 . I have enclosed a duplicate copy of this sheet. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. Registration Number attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 September 29, 2005 Signature Date (617) 227-7400 Cynthia M. Soroos Typed or printed name Telephone Number

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 608 865 653 US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the				
date shown below.	/ /	nitterá 1	MI /	
Dated: September 29, 2005	Signature:	muua /	(Cynthia M. Soroos)	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more

forms are submitted

than one signature is required, see below.

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the Paperwork Rest tion Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known TRADENE rective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/671747-Conf. #9353 **Application Number** FEE TRANSMITTAL September 26, 2003 Filing Date Peter Martin FISCHER First Named Inventor For FY 2005 **Examiner Name** D. R. Rao Applicant claims small entity status. See 37 CFR 1.27 1624 Art Unit CCI-027CN **TOTAL AMOUNT OF PAYMENT** 510.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Lahive & Cockfield, LLP x Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayment of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity** Small Entity Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 500 250 600 150 300 Provisional 200 100 0 0 0 0 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee Description Fee (\$) Each claim over 20 (including Reissues) 50 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims** Extra Claims **Multiple Dependent Claims** Fee Paid (\$) Fee (\$) 57 Fee Paid (\$) Fee (\$) Fee Paid (\$) Extra Claims Fee (\$) -5= 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets Extra Sheets** Number of each additional 50 or fraction thereof Fee Paid (\$) Fee (\$) - 100 = ___ /50 _____ (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 2253 Extension for response within third month 510.00 SUBMITTED BY Registration No. Signature 53.623 Telephone (617) 227-7400 (Attorney/Agent) Name (Print/Type) Cynthia M. Soroos Date September 29, 2005

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Dated: September 29, 2005

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Signature

///////////// (Cynthia M. Soroos)